

HCBS BENEFICIARY SURVEY

Gender: _____ Age: _____

What county do you live in? _____

Who is your Provider? _____

How long have you received Medicaid waiver services? _____

What is the name of the facility where you receive your Day/Career services? _____

What do you think about the facility (physical building/location where you receive Day/Career services)?

What do you think about the program (structure of activities, goals, events, outings, etc.)? _____

Would you change anything about the day/career program? _____

Any other feedback? _____

Thank you! Please submit to:

Cassidy M. Evans, J.D
South Carolina Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206